TUBERCULOSIS SUSPECT CASE REPORT

Nsg Station/Ph# _____
Pt. Room# _____
C.M./Ph# _____

PATIENT_____ REPORTED BY:_____

Last First MI Phone (_____)_____

ADDRESS_____ Diagnosing Facility_____

_____ Medical Record# _____

PHONE_____ Patient hospitalized at diagnosis? ☐ Yes ☐ No

BIRTH DATE:_____/_____/_____ Sex ☐ M ☐ F Patient currently hospitalized: ☐ Yes ☐ No

Social Security Number:_____ Treating Physician:_____

IF PATIENT UNDER 18, PARENT NAME/DOB: Address_____

_____ _____

EMPLOYER/SCHOOL:_____ Phone_____

INSURANCE/FUNDING:_____ Referred to for F/U:_____MD

☐ White, non-Hispanic ☐ Black ☐ AM Ind/Eskimo Address_____

☐ Hispanic ☐ Asian/Pac. Is. (specify)_____ _____

☐ Other_____ Phone (_____)_____

☐ Pulmonary TB ☐ Extrapulmonary (site)_____ Date dx: ____/____/____

Skin Test_____mm ☐ Negative Chest X-Ray Date:_____ ☐ Cavitary ☐ Non-Cav.

Date read_____ ☐ Not done Impression: _____

☐ Recommended:_____ _____

If Pulmonary, check symptoms: _____

☐ Cough; Start Date _____ ☐ Night sweats/Fever **History of TB Treatment** ☐ Yes ☐ No

☐ Sputum production ☐ Hemoptysis If Yes: Where/when treated?_____

☐ Weight loss (# of lbs.)_____ ☐ Fatigue _____

If asymptomatic, reason for evaluation:_____

Other medical conditions relevant to diagnosis_____

Date/HIV: ☐ Positive ☐ Negative ☐ Unknown Patient's current weight_____lbs/____kg/____

_____ ☐ Recommended ☐ Pending Psychosocial History?_____

Date/CD4 Count:_____ Date/VL Count:_____ Allergies_____

SPECIMEN NUMBER	SPECIMEN DATE	SPECIMEN TYPE	AFB SMEAR	MTD PCR	AFB CULTURE

MEDICATIONS	DOSE	START DATE
ISONIAZID		
RIFAMPIN		
ETHAMBUTOL		
PYRAZINAMIDE		
PYRIDOXINE (B6)		

Lab Name/Acct. No._____ HAART _____

Path Report: _____ DOT ❑ Yes ❑ No If no, call TBC

Additional Comments:_____

_____

_____

Date Reported:_____ Intake Staff:_____

County of San Diego

JEAN SHEPARD
DIRECTOR

NANCY L. BOWEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

TUBERCULOSIS CONTROL PROGRAM
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Children, Youth & Family Health Services
Disease Control/Epidemiology
Disease Prevention/Health Promotion
Emergency Medical Services
HIV/AIDS Services
Medical Quality Assurance
Public Health Laboratory
PH Nursing/Border Health
TB & STD Control
Vital Records

TUBERCULOSIS CONTROL

Reporting of all patients with confirmed or suspect tuberculosis (TB) is mandated by state Health and Safety Codes Div. 4, Chapter 5 and Admin, Codes, Title 17, Chapter 4, Section 2500 and must be done within **one day of diagnosis**.

WHY DO YOU REPORT?

Because it is the law! The health department performs many vital functions to ensure public health and safety, including case management, contact follow-up, assessment of compliance with treatment and appointments, and directly observed therapy (DOT). The TB Control staff will also assist in facilitating timely and appropriate discharge planning. **Since January 1, 1994, state law mandates that all TB patients have a health department-approved discharge plan, *prior* to discharge**.

WHO MUST REPORT?

Anyone aware of a patient suspected to have, or confirmed with, active TB.

WHEN DO YOU REPORT?

A) When active TB is one of the primary differential diagnoses. This often occurs when:
   1. signs and symptoms of TB are present, and/or
   2. the patient has an abnormal chest x-ray consistent with TB, and/or
   3. the patient is placed on multidrug therapy for active TB or

B) When specimen smears are positive for acid fast bacilli (AFB).

C) When the patient has a positive *M. tuberculosis* or *M. bovis* culture.

HOW DO YOU REPORT?

The form on the other side is to be completed **in its entirety** and submitted to the health department. TB Control staff will review this form and may return a call to the physician as needed.

By phone: (619) 692-8610

By pager: (619) 526-1878 (weekdays 8:00 a.m.-5:00 p.m., weekends/holidays 8:00 a.m.-5:00 p.m.)

By FAX: (619) 692-5516

This form, when submitted to TB Control, fulfills the legal requirement for reporting. The process for discharge or transfer approval necessitates a different form. Please call (619) 692-8610 for further information about discharge care plan submission/approval.